

N20000006540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

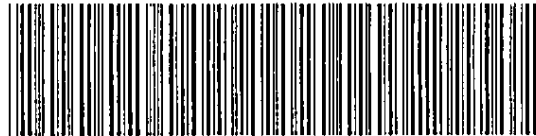
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 JUL 29 PM 4:46

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7/30/20
45

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 366909 8058028

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : July 24, 2020

ORDER TIME : 7:21 AM

ORDER NO. : 366909-010

CUSTOMER NO: 8058028

FILED
2020 JUL 25 PM 4:46
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: INNOVATIVE HEALTH TESTING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE HEALTH TESTING LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SANDRA YORK

Name of Person

YORK

Firm/Company

2701 PONCE DE LEON BOULEVARD, SUITE 202

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

SANDRA.YORK@YORKPLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA YORK

786-

266-3301

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 66002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RE-ENTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

INNOVATIVE HEALTH TESTING LLC

1. _____
(Name of foreign limited liability company; must include "limited liability company," "L.L.C.," or "LLC.")

INNOVATIVE HEALTH TESTING & SOLUTIONS LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "L.L.C.," or "LLC.")

DELAWARE

85-2151433

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

JULY 24, 2020

4. _____
(Date first transacted business in Florida, if prior to registration;
if not, indicate date of formation, if known, or date of first transacted business in Florida)

9350 SOUTH DIXIE HIGHWAY

9350 SOUTH DIXIE HIGHWAY

5. _____
(Street Address (if Principal Office))

6. _____
(Mailing Address)

PENTHOUSE 1

PENTHOUSE 1

MIAMI, FLORIDA - 33156

MIAMI, FLORIDA 33156

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SANDRA YORK PLLC

Office Address: 2701 PONCE DE LEON BOULEVARD #202

CORAL GABLES 33134
_____, Florida _____
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

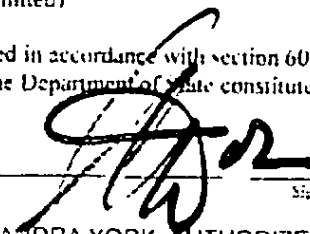
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JEMAK, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9350 SOUTH DIXIE HWY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PENTHOUSE 1	<input type="checkbox"/> Authorized	_____
Person	MIAMI, FLORIDA 33156	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
SANDRA YORK, AUTHORIZED AGENT

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE HEALTH TESTING LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVATIVE HEALTH TESTING LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3310790 8300

SR# 20206431194

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203355048

Date: 07-27-20